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ABSTRACT

In 1992, a review of research in adventure therapy offered a perspective that utilized work in psychotherapy as a lens to view the current state of the field. From that review, recommendations were made to gain respect within the field of traditional mental health. This update examines the 1992 recommendations and updates them based on recent (1992-95) adventure therapy research. Most of this research was carried out with high-risk or delinquent adolescents or psychiatric patients engaged in adventure-based group therapy, wilderness expeditions, or long-term residential camping programs. Several conclusions are reached. First, the field of adventure therapy must create a "collective document" that addresses its accomplishments and effectiveness. Second, the "clinically significant events" of adventure therapy must be examined through a massive survey of consumers of its services in order to achieve credibility with mental health professionals and those who provide financial support. Finally, the time is ripe with possibilities for researchers, and several research needs and opportunities are explored. Contains 31 references. (Author/SV)

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A Research Update of Adventure Therapy (1992-1995): Challenge Activities and Ropes Courses, Wilderness Expeditions, and Residential Camping Programs

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In 1992 a review of research in adventure therapy offered a perspective that utilized work in psychotherapy as a lens to view the current state of the field. From that review, several recommendations were made to gain respect within the field of traditional mental health. This update examines the recommendations made in 1992 and updates them utilizing research that has taken place in adventure therapy and borrowing liberally from suggestions made for enhancing the field of psychotherapy. The article makes the following points. First, the field of adventure therapy must create a *collective document* that addresses its accomplishments and effectiveness. Technology allows world wide web connections that can facilitate the process of communication at levels we were unaware of in 1992. Second, the *clinically significant events* of adventure therapy need to be examined through a massive survey of consumers of our service in order to achieve credibility with mental health and those who hold the purse strings. If we do not do so, we risk benefiting our potential consumers, those who may *not* be able to access adventure therapy as a viable approach to treatment. Finally, the time is ripe with possibilities for researchers and several avenues are explored for shaping the future of the field.

Introduction

In 1992 a request was made to overview the field of adventure therapy with regard to its research. In that study models and recommendations from psychotherapy research were used as lenses to view the current state of the field. The problems with language was highlighted to the extent that numerous words were used to describe what might generically be called "adventure therapy." Difficulties with trying to research a field as diverse as adventure therapy were also noted and suggestions were made as to how we might benefit more from correctional work than from pre-post testing of such variables as self concept. The issue of clinical significance was introduced as it related to moving clients from level of pathology to levels of health, regardless of the level of statistical significance achieved. Such a goal was thought to be more noble. Finally, much of the discussion that ensued from the presentation of the 1992 study highlighted the need for the field to be clearer as to *what* was happening when we took folks on 'adventures' as therapy.

In this update of the overview (Gillis, 1992) on the therapeutic uses of adventure programming, three major points are covered. The initial part of this article examines recommendations made at the Coalition for Education in the Outdoors Research Symposium in 1992. Each recommendation is followed by an update on progress toward fulfilling the recommendation. To offer some analysis of the 1992 recommendations a download of documents from ERIC,

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PsychLit and Dissertations Abstracts (via Dialog) from 1992-1995 was utilized and compared with a similar download of articles from 1980-1992. Second, in keeping with the 1992 theme of standing on other researcher's shoulders, this review utilized findings from a recent psychotherapy research critique by Martin Seligman (Seligman, 1995). There, he examined the merits of a *Consumer Reports* (1995) survey on the effectiveness of mental health services. Seligman's ideas about the validity of efficacy studies and effectiveness studies are very relevant to a path adventure therapy might consider. Finally it would be difficult to resist the opportunity to chart potential research avenues and recommendations that might clarify the territory we call adventure therapy. This task may help illuminate our path through the larger field of mental health and beckon others to follow.

NEED FOR A META-ANALYSIS

Someone needs to conduct a meta-analysis on therapeutic aspect of adventure-challenge-outdoor-wilderness that includes the criteria of clinical significance along with traditional methods of effect size.

Dana Cason's thesis provided meta-analysis support for the efficacy of adventure *programming* with adolescents (reported in (Cason & Gillis, 1993). She found a summary effect size[1] of .314 from 43 accessible studies. Interpreted, this figure indicates that the average adolescent who participated in an adventure program was better off than 62.2% of adolescents who did not participate. No big surprise here, some adventure programming is better than none; now there's a number to go with this knowledge.

Other findings of this initial meta-analysis for adventure therapy are listed below.

- Twenty-six percent of all outcome measurements were self-reported self-concept scales. Their combined data support the assertion that adventure activities have a positive effect on self-concept. We still do not know how long the positive changes last. Most likely there is an initial regression to pretest measured levels before clients return to the original posttest change levels as has been found elsewhere (Davis, Berman, & Berman, 1994)
- Effect sizes from studies using outcome measurements other than self concept differed significantly.
- The average effect size for self-report evaluations was lower than the average effect size for evaluations done by others. Maybe "others" see changes of which the adolescents are not aware.
- As research designs approached the ideal, effect sizes were smaller. The less rigorous research, mostly ERIC documents, appeared to show the greatest gains.
- The length of programs ranged from 36 to 5400 hours (ten months), with a median length of 54 hours (three weeks). Forty-one percent (41%) of the outcome measurements were from Outward Bound expedition programs; shorter programs represented 27%, and longer programs represented 32% of the sample.
- Age and diagnosis of the participants found younger participants demonstrating larger effect sizes. Adjudicated youth were the predominant population studied though no significant differences were found between adjudicated, "normal," or emotionally disturbed and physically challenged adolescent participants.

Cason was unable to obtain copies of several dissertation studies that might have been considered for her meta-analysis. As a result, she could not specifically address what the impact of adventure *therapy* was separate from adventure *programming*. In addition, what is the validity of the .314 effect size. How might the

[1]The effect sizes were determined by subtracting each study's post test scores from the pretest scores and dividing by the post test standard deviation. Summary effect sizes were means of all the effect sizes for a particular variable.

figure be increased or decreased if we had pre-post data from studies that were not published or contained negative data? Since most of the research cited was contained in dissertations, is this research the "best" the field has to offer? We think not. There is not the priority being placed on research by practitioners that allows for the level of sharing needed to make a meta-analysis in adventure therapy meaningful at this point.

The central research question, mentioned in the 1992 article, still asks "What treatment, by whom, is most effective for this population with that specific problem, under which set of circumstances?" (Paul, cited in Kazdin, 1991, p. 786). Right now we can say that adventure programming in general is effective with adolescents. We need to be able to know more specifically what *type* of adventure therapy is most effective with which populations and problems. A new recommendation is that a comprehensive meta-analysis is needed that can address the efficacy of adventure therapy across populations, problems, and settings.

As Gass (1993) observed, three adventure therapy areas exist. They include adventure based therapy, wilderness therapy and long term residential camping. These types of programming are characterized by *where* adventure therapy is taking *place*, for what *length* of time, and the type of *programming* being utilized. Using *only* the abstracts available from PsychLit and ERIC CD-ROM downloads plus a search of Dissertation Abstracts International (via Dialog), available research was roughly placed under the following headings.

- The activity-based group work, or what Gass calls "adventure based therapy," centers on team games and problem-solving initiatives, either alone or in combination with low and high challenge ropes course activities. This approach takes place near a facility and rarely in "remote" settings. Table 1 indicates some representative research in this area.
- *Wilderness therapy* appears to come in both short and long term expedition formats. The *short term* formats are often associated with Outward Bound's model. These programs utilize a 7-31 day expedition format that has elements of teaching and practicing wilderness skills. The setting is often remote, as the name wilderness implies. Table 2 shows some representative research in this area.
- *Longer wilderness expeditions* (60 days or longer) appear to differ from the Outward Bound model but have not been studied with as much clarity to be able to clearly highlight their differences here. From observation, it would appear that many of these programs focus on survival skills. Table 3 indicates some representative research in this area.
- The long-term *residential camping* programs appear to be flourishing in the southeast and mid Atlantic regions of the United States through programs designed by Eckerd Family Wilderness and Three Springs, Inc. It would appear from the downloaded literature that published efficacy studies have not been as abundant as the reported growth of these programs, as shown in Table 4.

Results from the studies represented in the tables indicate that outcomes are still mixed. It remains difficult to tell just *what* is taking place in these various settings that falls under the label of adventure therapy. Also it was difficult to definitively categorize studies exclusively into the three various tables. Indeed most programs are a mixture of an activity base that highlights ropes course activities and some form of an expedition.

To answer the question of which approach works best with which population, researchers must make better attempts to clearly describe activities they are assessing, for how long, and with what population. A good place to start such definitions is within the titles and abstracts that will initially appear to researchers over accessible databases.

The downloaded abstracts did not clearly indicate the population or problem in many

TABLE 1

Research on Activity-Based Group Work

AUTHOR	POPULATION	DEPENDENT VARIABLE(S)	OUTCOME
Blanchard (1993)	Adolescent Psychiatric Inpatients	Coopersmith Self-Esteem Inventory California Psychological Inventory, Child Behavior Checklist Teacher Report Form	Increase in self-esteem and improvements in interpersonal behavior
Hickmon (1993)	Married couples from the Protestant religion	Waring Intimacy Questionnaire, Self-Rating of Intimacy Scale, Intimacy Change Scale and an open-ended questionnaire	Adventure-based marriage enrichment programs enhance marital intimacy.
Hughes (1993)	Chemically dependent adult males in treatment	Sensation-Seeking Scale, Situational Confidence Questionnaire	Increased self-efficacy levels especially with high sensation seekers.
Jacobson (1992)	Families seeking family therapy	Family Crisis Oriented Personal Evaluation Scale, Hudson Index of Family Relations, Program Questionnaires	Positive results and positive feedback from families.
Ulrich (1992)	Students in an alternative high school	Unable to ascertain from abstract	No significant change in the experimental group of students who participated in the two day ropes course experience.
Witman (1992)	Adolescents in psychiatric treatment	Interviews with participants	Adventure program participation both complements and supplements psychiatric treatment in changing attitudes, affect, and behavior of adolescents in psychiatric treatment.

cases nor did they clearly state the outcome of the research. Trying to determine the difference between the use of therapeutic challenge activities, wilderness activities, and expeditions is difficult at best. Clearer and "cleaner" standardization of nomenclature will allow us to more clearly refine our ability to discuss benefits of different approaches to therapeutic adventure programming.

In 1992 the group present at the research symposium held at Bradford Woods took a pledge to make specific methodology available to those who asked. This pledge was an attempt to help researchers understand and delineate the type of programming being done in the field. While it is difficult to assess how well researchers have done at upholding this pledge, a recommendation from this update is that a common set of information be specified in abstracts. Such information should include, but not be limited to: specifics about the type of programming (activity based, expedition based, camping based), demographics of the population (including their age, gender, and problem or diagnosis), the measurement instruments employed, and a clearly written outcome statement.

TABLE 2

Representative Research on Short-Term Wilderness Therapy

AUTHOR	POPULATION	DEPENDENT VARIABLE(S)	OUTCOME
Aubrey & MacLeod (1994)	Single mothers on welfare	Client and facilitator reports.	Suggests that feelings of power and achievement emerge in the camp setting.
Bandoroff & Scherer (1994)	Families with troubled adolescents in therapy.	Adolescent self-esteem, adolescent behavior, Family Wheel Evaluation	Positive outcomes for participants. Parent ratings of problem behavior improved.
Duindam (1993)	Adolescents with emotional and behavioral problems.	Journal writing and other measures difficult to ascertain from abstract	Positive results
Kessell (1994)	Women with depression, PTSD, anxiety and adjustment disorders	Unable to ascertain from abstract	This experience empowered women to make changes in lifestyle and attitudes.
Kleiber (1993)	Middle school students at-risk of failing.	The Social and Personal Responsibility Scale, The Self-Perception Profile for Adolescents, and The Problem Solving Inventory	Positive results for attitudes on responsibility, close friendships, and physical appearance and lesser on athletic competence and global self-worth.
Minor & Elrod (1994)	12-17 year old juvenile probationers	Recidivism	No significant difference between those who participated in experimental program which included a short-term outdoor adventure.
Parker (1992)	Adolescents with behavioral and adjustment difficulties	Locus of Control, Self-esteem, Behavioral improvements	Results provide little support for the use of adventure interventions to enhance traditional counseling approaches.
Pawlowski, Holme, & Hafner (1993)	Hospitalized patients with schizophrenia or bipolar disorder	Brief Symptom Inventory, hospital re-admission rates	Both groups benefited from the program.
Pitstick (1995)	Youth at risk in the Federal Job Corps program	Journals, Interviews, Field Observations, and Staff Assessments	Statistically no significance, but qualitative study indicated the program had a positive effect.
Pommier (1994)	Adolescent status offenders	Harter's Self-Perception Profile for Adolescents and Self-Perception Profile for Parents, Eyberg Child Behavior Inventory, Olsen's Family Adaptability and Cohesion Evaluation Scale-II	Program was effective in reducing problem behavior and problem behavior intensity, increasing family adaptability and cohesiveness and increasing adolescent self-perception.

TABLE 3

Research on Longer Wilderness Expeditions

AUTHOR	POPULATION	DEPENDENT VARIABLES	OUTCOME
Davis Berman & Berman (1994)	Emotionally disturbed adolescents	Self-efficacy, behavioral symptoms, locus of control	Regression to pretest levels at 4 months, 1 year, and 2 years after the original program.
McNutt (1994)	15-18 year olds who are in the care of the social services department	Recidivism Rates	Program is effective in altering attitudes and behaviors.
Sale (1992)	Delinquent adolescents	Washington Sentence Completion Test, and the Piers Harris Self-Concept Scale	Those participating in the intensive program had more gains in ego development than those in the long term program. No differences in gain in self-concept were found between the two groups.

TABLE 4

Research on Efficacy of Residential Camping Programs

AUTHOR	POPULATION	DEPENDENT VARIABLES	OUTCOME
Caram (1994)	At-risk Elementary School Students	On-site observation, document examination, open-ended interviews	Perceptions of educators, parents, and community related the existence and longevity of the program to the leadership of the executive director.
Larsen (1992)	Schizophrenics	Unable to ascertain from abstract	Schizophrenic subjects were found to have a greater preference for outdoor environments with high degrees of enclosure and complexity than were non-schizophrenic subjects.

AGREEMENT ON A COMMON TERM FOR ADVENTURE THERAPY

Instead of spending time agreeing on a particular term or phrase to describe what we do let's put energy into writing specific how-to training manuals that can be shared, and tested using quantitative and qualitative methods with research designs focused on multiple measures and predictor models. The models need to be tested across numerous homogeneous diagnostic populations and in multicultural settings to better understand their strengths (when indicated) and limitations (when contraindicated).

The issue of "a particular term or phrase" was originally addressed in the 1992 paper. It is still a critical question for adventure therapy. The 1992 paper stated "We should not be held up in settling on one name or label" (p. 36). We have changed our minds. We now advocate the use of a generic term "adventure therapy." A definition of adventure therapy is now needed that is inclusive of the types of programming and settings described above.

A global view of adventure therapy as one aspect of the larger field of experiential therapies is included in the following definition points:

- An active, experiential approach to group (and family) psychotherapy or counseling; although it is acknowledged that much work goes on in one-to-one conversations between therapist and client while involved in an activity such as a ropes course element;
- utilizing an activity base, (cooperative group games, ropes courses, outdoor pursuits or wilderness expeditions);
- employing real and or perceived physical and psychological risk distress/eustress as a significant clinically significant agent to bring about desired change;
- making meaning(s) (through insights that are expressed verbally, nonverbally, or unconsciously that lead to behavioral change) from both verbal and nonverbal introductions prior to (e.g., frontloadings) and discussions following (e.g., debriefings) the activity experience;
- punctuating isomorphic connection(s) (how the structure of the activity matches the resolution of the problem) that significantly contribute to the transfer of lessons learned into changed behavior.

This definition agrees with portions of Ringer's (1994a) view of adventure therapy as

> a generic term that refers to a class of change-oriented group-based experiential learning processes that occur in the context of a contractual, empowering and empathic professional relationship. The rationale of adventure therapy explicitly or implicitly focuses on the personality and behaviour of clients, the strategic application of adventure activities to engender personal change in clients; or both. Durable change in multiple aspects of clients' lives is sought. The processes involved are idiosyncratic and determined by a complex set of interrelated factors such as the nature of the clients, the adventure therapists theoretical orientation, the activities carried out and the goals of the program in which the adventure therapy occurs. (p. 8-9).

Specific points of agreement with Ringer are that the approach is group based and that adventure therapy attempts to bring about durable change. The proposed definition attempts to address Ringer's concept of 'idiosyncratic processes' as being related to the three settings and approaches apparent in the literature. The proposed definition differs from Ringer's in that the role of risk is explicitly stated. It is this element of risk and the positive or negative stress produced through resolution that defines adventure therapy from other forms of experiential therapies.

TRAINING GUIDELINES RESULTING FROM RESEARCH

As one or more models emerge that show some research promise, training issues can be addressed to better understand how to teach traditionally trained psychotherapists to do whatever it is we do and how to ethically train experientially based outdoor leaders and paraprofessionals to work in our powerful manner.

The "by *whom*" question is difficult to assess since training manuals do not yet exist nor has any research been found that assesses adventure therapist competency in our field. The acceptable level and kind of education for adventure therapist versus the amount of adventure therapy experience remains a tension in discussing training and competence. Numerous questions remain without much but opinion to answer them; that is, NO research is known to have been done that assesses adventure therapist' competence. Attempts have been made to delineate some of the factors necessary in understanding the role of the adventure therapist. Berman, (1995), Gass, (1993), Ringer (1994a, 1994b) Gerstein (1992), and Burg (1994) have all made significant contributions in identifying leadership competencies, valuable group skills in adventure therapy, and how family and group adventure therapy differ. But questions remain...:

- What level of education and how much experience or competence does it take to call oneself an adventure therapist?
- How many research studies must one cite and how much theory should one know to be able to practice competently and responsibly?
- Who judges the minimally acceptable level of skills needed to conduct adventure therapy work with specific psychiatric diagnoses and populations?
- Do you just need to be able to sell yourself to enough parents who want to let you work with their children, or find a job working with clinical or 'challenged' populations to be called an adventure therapist?
- Is being employed by a program claiming to be adventure-based or reporting to (Gillis, 1995) practice wilderness therapy enough to call oneself an adventure therapist?
- Are those facilitators who have credentials or graduate level mental health degrees more effective than those who do not have such training?

The Therapeutic Adventure Professional Group (TAPG) of the Association of Experiential Education (AEE) has adopted a set of ethical guidelines that attempts to answer professional practice questions (Gass, 1993). However, the jury has yet to be called to answer such questions. Who is likely to serve on that jury: Peers who review one another's programs and provide feedback and guidance, peers from traditional mental health agencies; state or federal legislators who are not as familiar with the standard practices but feel the heat from concerned constituents wanting to protect their children (Gillis, 1995)? Do inquiring adventure therapy minds wish to know?

DISSEMINATION AND SHARING OF RESEARCH RESULTS

Our writing needs to be more easily available to one another through an agreement to share resources and reference one another. Perhaps a common accessible database of theoretical information will allow dissertations to move beyond traditional pre-post, treatment-control, outcome designs and offer more information on <u>how</u> and with <u>whom</u>, <u>what(ever)</u> we do, works.

The Internet has been a major setting for much discussion in the adventure therapy field since the 1992 symposium. Listservers for the AEE and more recently for adventure therapy have allowed a forum to discuss pressing issues. The World Wide Web now allows for information to be put out in a format many can access. As authors we commit to putting our database on-line in ways that can be accessible to readers

of this article. Readers are urged to contact these authors at http://advthe.gac.peachnet.edu/index.html. By sharing the information we have gathered we hope the field can benefit by expanding the use of others' work and avoiding the replication of similar studies that do not move the field forward.

A language analysis of many of the conversations that have taken place in listserver and e-mail discussions is an area of new ground for research in adventure therapy. How we talk about what we do is an important piece of information about who we are. A brief language analysis of the titles and abstracts that exist in the field may also be an enlightening avenue of research to investigate what words we are using to talk about what we are doing.

A sample of articles was downloaded of all existing article summaries found from CD-ROM and DIALOG searches of *ERIC, PsychLit,* and *Dissertation Abstracts International* (via Dialog). Search criteria were consistent in that psychotherapy and counseling were linked together and crossed with adventure, ropes course, wilderness, Outward Bound and outdoor.

Having recently acquired the latest version of Endnote bibliographical software, the usefulness of the "find" function to search the language we are using in an attempt to ascertain which concepts are found in material written since the 1992 paper seemed like one way to examine the state of the field. Table 5 depicts frequency data that compares 1992-1995 with 1981-1991 data. Percentages are used as a method of simple comparison.

The majority of articles in the last three years appear to be concerned with adventure or wilderness therapy with at-risk male adolescents that focuses on risk and fun. Work appears to be increasing for women, for at-risk populations and focusing on risk. Studies for families, couples, corrections, and ropes courses would appear to be declining from using our 'word count' methodology. It would also appear that 1/3 of the 99 articles are concerned with research. Perhaps a meta-analysis could test out the hypotheses raised by this initial word search.

We still know little of how adventure or wilderness therapy works with the specific diagnostic populations. We appear to repeat much of what has been done previously without exploring new territory. Hopefully the need for a meta-analysis of adventure therapy offerings is made even greater by the analysis mentioned above.

SHARE OUR RESEARCH WITH THERAPISTS

Focus on sharing what we do with traditional therapists in traditional psychotherapy journals and at the traditional therapists' regional and national conferences.

This is a very difficult recommendation to evaluate. One can scan the journals to access the number of adventure therapy articles appearing in the downloaded journals different from the flagship ones (*Journal of Experiential Education* and *Therapeutic Recreation Journal).* In addition, scanning programs from regional, national, and international conferences related to psychotherapy is another way to access a number of presentations taking place outside of the traditional adventure therapy venues. While we engage in this practice in an informal way, we did not do so for this article.

Perhaps a new direction that the field of adventure therapy can adopt is to use the nomenclature of the larger mental health field in describing psychotherapy populations and psychotherapy methodology. Such behavior should allow adventure therapy to gain credibility among mental health practitioners. In fact, we've found that describing the work done with games, initiatives, low and high ropes courses and expeditions as "activity based group psychotherapy" is much more palatable to traditional mental health practitioners than speaking of some 'exotic' adventure in trees or in the wilderness. In the spirit of psychodrama and gestalt therapy, we have talked with our mental health colleagues about group exercises that work well with populations in need of concrete, physical activities that match the group's issues. We find the traditional mental health practitioner interested in some new 'tricks for their bag"

TABLE 5

Comparison of Yields of Bibliographic Searches

TERM SEARCHED	THEN 1980-1991 *N*=86	Percentage THEN	NOW 1992-1995 *N*=99	Percentage NOW
Adventure Therapy	5	6%	22	22%
Wilderness Therapy	8	9%	20	20%
Therapeutic Camping	9	10%	1	1%
Men or boys or males	76	88%	84	85%
Adolescent	33	38%	26	26%
Women or girls or females	12	14%	24	24%
Adult	10	12%	24	24%
Families	20	23%	11	11%
Couples	4	5%	2	2%
Psychiatric	35	41%	41	41%
At-risk	7	8%	20	20%
Adjudicated or court or probation or corrections	10	12%	5	5%
Substance Abuse	4	5%	1	1%
Research or empirical	32	37%	30	30%
Training	7	8%	10	10%
Qualitative or observation	10	12%	10	10%
Practice	6	7%	9	9%
Adventure	40	47%	56	57%
Wilderness	29	34%	31	31%
Outward Bound	9	10%	9	9%
Ropes course	12	14%	5	5%
Risk	11	13%	28	28%
Fun	10	12%	15	15%
Challenge	12	14%	11	11%
Communication	7	8%	9	9%
Trust	8	9%	7	7%
Cooperation	4	5%	6	6%
Self concept	7	8%	2	2%

and interested in our source of activities. Such a conversation then leads us to talk more of traditional adventure therapy work without the initial turn off by mental health that what we do is too risky and too dangerous. Perhaps more writing in mental health journals using *their* language to describe our work can lead to greater acceptance and usage of our powerful techniques.

CONSUMER PERCEPTIONS OF ADVENTURE THERAPY

Enough of this talk about ways *we* researchers and practitioners can interact better or how we can impact those who deliver mental health services. What about our consuming public. What might they say about the field of adventure therapy. Have they been asked? Anyone want to take that bet? Psychotherapist researchers did not think to ask; it took a consumers magazine to poll its readers. What can we learn from such a study?

Martin Seligman's (Seligman, 1995) lead article in the December 1995 *American Psychologist* focuses on the *effectiveness* of psychotherapy. Seligman's article responds to a recent *Consumer's Report* (1995) survey on the effectiveness of psychotherapy. His main points are that much of what is practiced in psychotherapy is not subjected to empirical analysis for a number of valid reasons. However, the lack of efficacy studies that meet rigorous statistical and academic criteria can lead to what Seligman calls the "inertness assumption." An *inert* treatment is inactive or inoperative as seen by mental health third party providers including the growing data-based world of managed care. Much of what he says about inert treatments applies to adventure therapy. Almost weekly our phone rings with the caller asking for research on the efficacy of adventure therapy (we think they mean effectiveness, but are looking for *the* study that shows adventure therapy is *better* than traditional psychotherapy). While we can point to the paper written for the 1992 symposium, or the Gass (1993) excellent edited work *Adventure Therapy*, or to Cason & Gillis' (1993) meta-analysis, most of the good work being done is hidden in dissertations and theses that never find their way into referred journals. The field of adventure therapy suffers and risks becoming inert. The field also suffers when one collects such documents and notes conflicting results regarding efficacy. Perhaps, as researchers, we are chasing an illusive dream in trying to be empirical and focus on efficacy with a field that should focus more on asking our clientele if we have been effective.

Seligman recommends combining the best of efficacy methodology and effectiveness surveys as done by *Consumer Reports* editors. He advocates a *prospective* survey where a large sample is given an assessment battery composed of some well-normed questionnaires, detailed behavioral information as well as global improvement information. Seligman suggests the use of outside evaluators blind to the purpose of survey in order to encourage multiple perspectives of the information gathered. The major advantage of the *Consumer Report* approach is that it can assess *how* and *to whom* treatment is delivered and how effective the treatment is. Such a direction is desirable for the field of adventure therapy. We need to gather our resources (databases) and survey those who have been through the variety of experiences we label as adventure therapy. We need to ask some simple questions such as "What do you remember (if anything) about your experience?" "How helpful has that experience been for you?" Such simple questions, if we were to all ask them of our clients and pool the responses might enlighten us, our colleagues in mental health and those who control the purse strings of third party reimbursement. Do we have any other choice? Do we risk becoming inert? Do we deprive those who will benefit most from our services just because we have not done the work needed to make our case known? We think not!

SUMMARY

For this examination of what's been written on adventure therapy in the last four years we wish to make the following summary points. First, the field of adventure therapy has everything to gain from putting together results of our work into a collective document that addresses

our accomplishments and effectiveness. Let's utilize technology and the web connection to communicate with one another more efficiently Finding some common ground for reporting our information can only lead to greater credibility. Second, by examining clinically significant events in adventure therapy programs that are/were deemed to be of importance *by the consumer* and by communicating in language that is understandable to mental health, adventure therapy can achieve greater credibility with the more traditional field of mental health and those who hold the purse strings and benefit our potential consumers who may then be able to access adventure therapy as a viable approach to treatment. Finally, this is a time ripe with possibilities for researchers. Studies of efficacy need to continue. More useful perhaps are the effectiveness studies from past consumers or, better yet, we need to find funding for the prospective study that Seligman recommends. Thus the following research pathways are brought to the forefront for the interested student or researcher:

- A comprehensive meta-analysis is needed that can address the efficacy of adventure therapy across populations, problems, and settings. We know very little of how our work stacks up collectively.
- A survey is needed to highlight similarities and differences in activity based work, expedition work, and residential camping work that falls under the rubric of adventure therapy. We, as a field, are not committed to evaluation or research; we operate as if someone else will do it. It is *we* who must do the work. It is we who must value evaluation of our work and be willing to share what we collect.
- A common set of information needs to be specified in abstracts of our work that is published and made available to the public through on-line services.. Such information should include, but not be limited to: specifics about the type of programming (activity based, expedition based, camping based), demographics of the population (including their age, gender, and problem or diagnosis), the measurement instruments employed, and a clearly stated outcome statement.
- Numerous questions need to be explored about competence of leaders in adventure therapy and how such competence is obtained and recognized. We cannot continue to fight among ourselves for what makes one competent; we need to define clinically relevant criteria for the adventure therapist and evaluate their validity.
- A retrospective and *prospective* survey is needed in adventure therapy where a large sample is given an assessment battery composed of some well-normed questionnaires, detailed behavioral information as well as global improvement information, then followed and questioned about how effective their exposure to adventure therapy has been. We need to look backwards and forwards and then publish the information we receive from our clients. This recommendation hinges on our need to value what our customers find useful about the work we do. We need not bow to the gods of empiricism as much as we need to know if we're doing good work and how we can make it better.

Such recommendations can help the field of adventure therapy gain more credibility with mental health professionals and thus become more available to more clients who can benefit from our services. We cannot wait for others to conduct and publish such work—we must take responsibility for communicating our results. You, the reader, the established researcher, the graduate student looking for direction, the practitioner looking for answers—*you* need to take responsibility for communicating with all of us *what* you're doing and *how well* it's working. Otherwise we risk becoming even more inert and perhaps even dormant. Just think of all the clients who will suffer due to our inaction. Just think of how we will benefit from knowing more about what we do. Researchers of adventure therapy UNITE!

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